

Maternity & OBGYN Billing

December 14, 2021



“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations

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Commonly Used Terms

- For additional terms and definitions, please reference the [Michigan Medicaid Provider Manual](#)

Commonly Used Terms

Delivery:

- Includes admission to the hospital, the admission history and physical examination, management of uncomplicated labor, and delivery. All hospital visits within 24 hours of delivery are generally considered part of the global package.

Antepartum Care:

- Includes the initial and any subsequent history, physical examinations, recording of weight, blood pressures, fetal heart tones, routine chemical urinalysis, and monthly visits up to 28 weeks' gestation, biweekly visits to 36 weeks' gestation, and weekly visits until delivery.

Postpartum:

- Includes all the visits following a delivery, both in the hospital and in the office.

Commonly Used Terms

Obstetrical Package vs. Components:

- If the same physician or group practice does not provide all the obstetric care, Medicaid covers the portion of the care provided by each provider.

High-Risk Pregnancy:

- High-risk pregnancies are those with complicating conditions that are life-threatening to either the mother or fetus and therefore require more services than those provided in a routine pregnancy. When high-risk pregnancies require more visits or laboratory data than normally required, the additional services are covered in addition to the global obstetrical package.

Multiple Gestation:

- Providers must use an appropriate ICD-10 diagnosis code representing multiple gestation.

Benefit Plans

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Benefit Plans

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Michigan Medicaid Benefit Plans which cover Maternity and OBGYN-related services:

- Medicaid Fee for Service (MA-FFS)
- Healthy Michigan Plan (MA-HMP)
- Medicaid Health Plan (MA-MC)
- Medicaid Emergency Services Only (MA-ESO)
- Healthy Michigan Plan Emergency Services Only (MA-HMP-ESO)
- MOMS Benefit Plan (MOMS)

Benefit Plans: Overview

- MA-FFS
- MA-HMP
- MA-MC
- MA-ESO
- MA-HMP-ESO

Medicaid Fee for Service (MA-FFS)

- Covers all maternity and OBGYN-related services when billed appropriately.

Healthy Michigan Plan (MA-HMP)

- Covers all maternity and OBGYN-related services when billed appropriately.

Medicaid Health Plan (MA-MC)

- Covers all maternity and OBGYN-related services when billed appropriately along with non-emergency transportation (NEMT services) which include to/from pregnancy related appointments.

Medicaid Emergency Services Only (MA-ESO)

- Covers delivery when performed in an emergent situation and billed with the emergency indicator as Y or yes.

Healthy Michigan Plan Emergency Services Only (MA-HMP-ESO)

- Covers delivery when performed in an emergent situation and billed with the emergency indicator as Y or yes.

MOMS Benefit Plan

- Covers outpatient pregnancy-related services for the unborn child of an undocumented pregnant woman during the prenatal and postpartum period as well as inpatient delivery-related services.

Who May Apply?

- Women who are pregnant and meet the following criteria may apply for MOMS coverage:
 - Income at or below 195 percent of the Federal Poverty Level.
 - Covered by the Medicaid Emergency Services Only (ESO) program. Women who are incarcerated in any institution where residents are precluded from using their Medicaid coverage are not eligible for this program.

Enrollment Period

- The MOMS enrollment period is from the date of application, once eligibility is determined, through 60 days after the pregnancy ends. The maximum period of retroactive eligibility for MOMS is 90 days from date of application.

MOMS Benefit Plan

- Covered Services
- MOMS also covers family planning services for the mother during the postpartum period.



Office Visits:

- Office visits for family planning related services, including preventive evaluation and management office visits and other outpatient visits for family planning services.



Family Planning Services:

- Contraceptives, including oral contraceptives and injectables, and supplies/devices for voluntarily preventing or delaying pregnancy.
- Diagnostic evaluation and pharmaceuticals related to contraceptive management or the initial treatment of sexually transmitted infections.
- Sterilizations completed in accordance with current Medicaid policy.
- Counseling for family planning services, including sterilization, as a part of the family planning visit.

MOMS Benefit Plan

- Non-Covered Services



Non-Covered Services:

- Postpartum outpatient lactation support and counseling services provided by an IBCLC are not covered.
- If a service does not meet the definition of pregnancy-related services, or if the service normally requires prior authorization (PA) by the Medicaid program, a PA request must be submitted to MDHHS.



Billing Tip:

- When the beneficiary has MOMS benefit plan, the provider must bill with a pregnancy related dx code, and the provider providing the services can't be a pediatrician. MOMS benefit plan doesn't pay for a pediatrician for x-rays, ultrasounds, or pregnancy related services.

Maternal Infant Health Program (MIHP)

- [Michigan Medicaid Provider Manual](#), Chapter Maternal Infant Health Program
- [Maternal Infant Health Program Website](#)
- [MIHP Fee Screens](#)



Maternal Infant Health Program (MIHP) provides preventive health services that are delivered by certified MIHP agencies to high-risk pregnant women and infants born to high-risk mothers.

MIHP provides services to MOMS beneficiaries, with the goals of reducing infant morbidity and mortality and to deliver a healthy, full-term infant.



Billing Information

- Common Maternity Procedure Codes
- Billing & Reimbursement
- Maternity Care & Delivery Services
- Lactation Support Services
- Global Code
- Frequently Asked Billing Questions

Common Maternity Procedure Codes

- [Fee Schedule](#)
- [Medicaid Code and Rate Reference Tool](#)

59400	Obstetrical Care (global code)
59409	Obstetrical Care (vaginal delivery only)
59410	Obstetrical Care (vaginal delivery only including postpartum care)
59425	Antepartum care only (4-6 visits)
59426	Antepartum care only (7 or more visits)
59430	Postpartum care only (when billed as a separate procedure)
59510	Cesarean delivery (with pre and postdelivery care)
59514	Cesarean delivery
59515	Cesarean delivery (including postpartum care)
59610	Vbac delivery
59612	Vbac delivery only

Billing & Reimbursement

- [Michigan Medicaid Provider Manual](#)
- [Medicaid Code Rate and Reference Tool](#)

- **Billing and Reimbursement:**

- Billing and coordination of maternity benefits policies and procedures, as well as reimbursement rates, parallel Medicaid. (Refer to the Billing & Reimbursement and the Coordination of Benefits Chapters of the Medicaid Provider manual for additional information.)

- **Submitting Medical Claims:**

- All maternity claims should be held until the beneficiary's eligibility can be verified using:
 - CHAMPS Eligibility Inquiry
 - HIPAA 270/271 (Eligibility Inquiry/Response) transactions
 - Web-based options
 - All Newborn claims should be held until the babies Medicaid number has been established to avoid claim denials for incorrect id number

Maternity Care and Delivery Services

- [Michigan Medicaid Provider Manual](#), Practitioner Chapter, Section 7 Maternity Care and Delivery Services

Covered Services

- Medicaid covers maternity care and delivery services. The services normally provided in uncomplicated maternity cases include antepartum care, delivery, and postpartum care.
- The global obstetrical package is covered for seven or more antepartum visits, the delivery, and the postpartum care.
- If less than seven antepartum visits are provided, report the global package with a modifier for reduced services and indicate the number of antepartum visits on the claim.
- The provider should bill with the delivery date as the from/to date of service, and then in the notes section list the dates or number of appointments for the antepartum visits and use modifier 52 for reduced services.

Billing tip: to be consistent with some commercial payers and Medicare, the physician or group providing the entire global obstetrical package may choose to report either the entire global package or may report the antepartum care, delivery, and postpartum separately.

Lactation Support Services

- [Michigan Medicaid Provider Manual](#), Practitioner Chapter, Section 7.9 Lactation Support Services

Covered Supports & Services

- Medicaid will reimburse for evidence-based lactation support services provided to Medicaid eligible postpartum women in the outpatient setting up to and through 60 days post-delivery.
- Comprehensive lactation counseling services must include the following:
 - A face-to-face encounter with the beneficiary lasting a minimum of 30 minutes
 - Comprehensive maternal, infant and feeding assessment related to lactation
 - Provision of evidence-based interventions
 - Evaluation of outcomes from interventions

Global Code

Included in the Global Code:

- Any subsequent history
- Physical examinations
- Recording of weight
- Blood pressures
- Fetal heart tones
- Routine chemical urinalysis
- Monthly visits up to 28 weeks gestation, biweekly visits to 36 weeks gestation, and weekly visits until delivery.

Billing Tip:

- Often providers will try to bill for a urine analysis separately before submitting the claim for Antepartum care or the Global code. If the claim pays and then the provider bills either the global code or separately the claim will deny as the urine analysis is included in the payment.
- If this happens the provider will need to void the urinalysis claim, wait for it to hit a Remittance Advice and then resubmit the maternity claim.

Global Code

Not Included in the Global Code:

- Services that are not included in the global package and can be billed separately are:
 - Maternal or fetal echography or fetal echography procedures
 - Fetal biophysical profile
 - Chorionic villus sampling, any method
 - Fetal contraction stress test
 - Fetal nonstress test
 - Hospital and observation care visits for premature labor (prior to 36 weeks gestation)

Frequently Asked Billing Questions

- [Other Insurance Reporting Requirements](#)
- [Direct Data Entry for Professional Claims \(including instructions for entering Other Insurance\)](#)
- [How to Adjust a Claim with Other Insurance](#)

Other Insurance (OI)

- If payments are made by another insurance carrier, the amount paid, whether it is paid to the provider or the beneficiary, must be reflected on the claim.
- As with all other insurance plans, Medicare is considered primary and must be billed first. Providers should report the corresponding Claim Adjustment Reason Code (CARC) regarding the denial or payment to Medicaid as the payor of last resort. Without the Other Insurance information, the claim will deny.
- If a beneficiary states they do not have a primary insurance, but CHAMPS indicates they do, please submit a request to TPL by completing the [on-line DCH-0078 form](#) prior to submitting a claim to Medicaid.

Claim Denials

- For questions regarding claim denials, please contact Provider Support at ProviderSupport@Michigan.gov.

Policy Updates

- [Healthy Moms
Healthy Babies](#)
- MSA Bulletin [20-67](#)

Policy Updates

- [Healthy Moms Healthy Babies](#)
- [Concept Paper – Section 1115 Demonstration](#)

- As of January 2018, Michigan's Maternal Mortality Surveillance (MMMS) Committee found that approximately 50% of maternal deaths in Michigan were preventable.
 - One possible prevention measure identified by the committee is access to family planning and other medical health care services.
- Either by use of a waiver or State Plan Amendment, the State is exploring mechanisms to extend the eligibility period of postpartum coverage from the current 60 days to 365 days.
 - Extending Medicaid Postpartum coverage will assist the state in continued efforts to improve equitable health outcomes.
- For more information or to provide feedback regarding the Healthy Moms Healthy Babies waiver, State Plan Amendment, or concept paper, please contact MSAPolicy@Michigan.gov.

Policy Updates

- MSA Policy Bulletin [20-67](#)

- The purpose of this bulletin is to establish coverage of behavioral health services necessary to prevent, diagnose, and treat a broad range of behavioral health symptoms and disorders, including substance use disorder (SUD) for the MOMS benefit plan.
- For dates of service on and after October 1, 2020, the pregnancy-related coverage under the MOMS benefit plan will be expanded to include behavioral health and SUD services and supports including, but not limited to:
 - Appropriate screenings and preventive services;
 - Behavioral health treatment services and validated clinical assessment tools;
 - Perinatal depression screening, counseling, and intervention;
 - Medication-Assisted Treatment (MAT) for SUD;
 - Tobacco use interventions for smoking cessation;
 - For a full description of the broad array of mental health and SUD services and supports available to MOMS beneficiaries, refer to the Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter of the [Medicaid Provider Manual](#).

Coronavirus (COVID-19) Resources

For the most recent
information on the
vaccine in Michigan,
please visit:

[Michigan.gov/COVID
Vaccine](https://Michigan.gov/COVIDVaccine)

Coronavirus (COVID-19) Resources

MDHHS resources to keep providers informed about the Coronavirus (COVID-19) pandemic and the State of Michigan's response.

- Learn about our responses to Coronavirus (COVID-19) and find the latest program guidance. www.michigan.gov/coronavirus >> Resources >> For Health Professionals
- Additional Information:
 - [COVID-19 Response Database](#)
 - [Telemedicine Database](#)
 - [COVID-19 Response MSA Policy Bulletins](#)
- Questions About COVID-19?
 - [Visit our Frequently Asked Questions page](#)
 - Our most commonly answered questions can be found there and are updated often.
 - Call the COVID-19 Hotline at 1-888-535-6136
 - Email COVID19@michigan.gov

Provider Resources



MDHHS

website: www.michigan.gov/medicaidproviders



**We continue to update our
Provider Resources:**

[CHAMPS Resources](#)

[Listserv Instructions](#)

[Medicaid Provider Training Sessions](#)

[Provider Alerts](#)

[Provider Enrollment Website](#)



Provider Support:

ProviderSupport@Michigan.gov

1-800-292-2550



**Thank you for participating in the Michigan Medicaid
Program**